

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 1062

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 12 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000073443

1. Corporation Name

RMK INC

2. Principal Office Address

255 EAST DR

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

Zip

32904

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-30-98

5. FEI Number

59-3533278

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

RICHARD M. KRAUSS

Street Address (P.O. Box Number is Not Acceptable)

461 CARMEL DR.

Suite, Apt. #, Etc.

City

MELBOURNE

State
FL

Zip Code

32940

200003850962-4
-03/13/01--01096--001
****300.00 ****300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Richard M. Krauss

Date 3-08-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Richard M. Krauss	461 CARMEL DR	MELBOURNE FL 32940

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard M. Krauss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

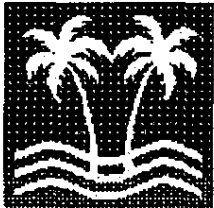
3-08-01 (321) 733-7375

Date

Daytime Phone #

CR2E081 (9/00)

292



3/6/01

RMK INC.
255 East Dr.
Suite B
Melbourne, FL 32904
(321) 733-7375
Fax (321) 722-2570
E mail: rmkmrk@juno.com

Att: S. Prather

We request a one time waiver because when we moved the post office did not forward the annual Corporation application, and other mail as we had requested, with the change of address form we submitted to them.

Thank You ..

A handwritten signature in cursive script, appearing to read "Richard M. Krauss".

Richard M. Krauss